with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

for the District of Division 4:22 CV 5.7 SDJ (to be filled in by the Clerk's Office) Case No. Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. Jury Trial: (check one) If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) Clerk, U.S. District Court Defendant(s) Eastern District of Texas (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. Th

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	AL WILLIAMS
Provide the information below for	each plaintiff named in the complaint. Attach additional pages if
needed.	out planten named in the complaint. That is additional pages in
Name	BAVAN
Address	12939 TAINIT MAI
	ASTRONO TO TONS
	City State A Zip Code
County	3930 Acrest DR #2
Telephone Number	
E-Mail Address	Dallasi 18 7526
The Defendant(s)	
nclude the person's job or title (if	an organization, or a corporation. For an individual defendant, known) and check whether you are bringing this complaint agains official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	15KYAN OF LADERA
Job or Title (if known)	
Address	MAINTENCE WORKERS
11001000	2929 Trents Mills
	City State Zip Code
County	Dallas, 1X 75287
Telephone Number	
E-Mail Address (if known)	
	Individual capacity Official capacity
	1 An A
Defendant No. 2	LATISEOCKE
Name Name	Maintenance Statt
Job or Title (if known)	villari - vovide Si di
Address	
Address	
Address	City State Zin Code
	City State Zip Code
County	City State Zip Code
	City State Zip Code

II.

B.

	Defendant No. 3 Name Job or Title (if known) Address	Daniel Paz Lawyer 2939 Agrent DR	
	County Telephone Number E-Mail Address (if known)	State Zip Code Zip Code 75287	
		Individual capacity Official capacity	
	Defendant No. 4 Name Job or Title (if known) Address	Judy McMahon Wishages	
	County Telephone Number E-Mail Address (if known)	City State Zip Code	
		Individual capacity Official capacity	
Basis fo	or Jurisdiction		
immuni Federa	ities secured by the Constitution and	or local officials for the "deprivation of any rights, privileges, or [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of</i> (1971), you may sue federal officials for the violation of certain	
A.	Are you bringing suit against (check all that apply):		
	Federal officials (a Bivens claim	m)	
	State or local officials (a § 198	3 claim)	
В.		g the "deprivation of any rights, privileges, or immunities secured by "42 U.S.C. § 1983. If you are suing under section 1983, what ght(s) do you claim is/are being violated by state or local officials?	

Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you C. are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Concept and Agent (Principal Relationship)
Acted on bobalt Denton County Constable

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

3930 Acres DR

Dallasi IX 75287

B. What date and approximate time did the events giving rise to your claim(s) occur?

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

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ON James 7, 2022 Ladera unlawfully

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Constable that I have chronic medical conditions

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IV. Injuries By a Cadera know was insuled to the events alleged above, describe your injuries and material medical treatment, if any, you required and did or did not receive. If the source of the s
- Bryan Caller a then I was
If you sustained injuries related to the events alleged above, describe your injuries and Mate What medical
treatment, if any, you required and did or did not receive.
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treatment, if any, you required and did or did not receive. Item to servors wed, call was defined medical had take amounted. I was respirately and had take amounted the fewer sensy room.
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V. Relief

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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Lood 000 punitive damages claimed for the acts alleged. Explain the basis for these claims.

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Lood 000 punitive damages claimed for the acts alleged. Explain the basis for these claims.

Lood 000 punitive damages claimed for the acts alleged. Explain the basis for these claims.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

VI. **Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	26-22	
	Signature of Plaintiff Printed Name of Plaintiff	ADM WILLIAMS	
В.	For Attorneys		
	Date of signing:		
	Signature of Attorney		
	Printed Name of Attorney		
	Bar Number		
	Name of Law Firm		
	Address		
		City State	Zip Code
	Telephone Number		
	E-mail Address		